



MN BCA Blood Kit Sample Identification and Information Sheet

Version: 04/15/2020

Document Number: FSS-F-TO-0233

Distribution: FSS

BCA Blood Collection Kit No. B – Please print clearly

SUBJECT INFORMATION

Subject Name: _____

DOB: ____/____/____ Sex: M F Subject's Condition: Deceased Alive Injured

Driver's License Number: _____

Subject's Status: Driver Passenger Pedestrian Other Specify) _____

AGENCY/OFFENSE INFORMATION

Alleged Offense: _____

Offense Date/Time: ____/____/____ ____:____ County of Offense: _____

ICR/Ticket No.: _____

Send Report to Agency: _____

Attention: _____

Send Additional Report to: _____

KIT/SAMPLE INFORMATION

Kit Intact & sealed when received? Yes No

Powder present in bottle? Yes No

Sample taken by: _____

Date/Time sample taken: ____/____/____ ____:____ Please use military time

Breath test given? Yes No DMT results: _____ PBT results: _____

Analysis Requested: Alcohol Drugs (Specify) _____

Drug evaluation completed by a DRE? Yes No If Yes then circle all that apply; Drug(s) causing impairment:

CNS Stimulant CNS Depressant Hallucinogen Dissociative Anesthetic Narcotic Analgesic Inhalant Cannabis

For Laboratory Use Only

Received at BCA:

Sealed? Yes No

For scientist: Standard BCA kit containing whole blood?

Yes No

Volume ____ / ____ mL Thin (watery) Blood Broken Tube

Clotted Blood Tissue Grinder Used Vitreous Humor

Other notes: _____

Office: Affix case label here